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	and wages	and wages per month which you received. (If you are imprisoned, specify the last place of							
2	2 employmen	employment prior to imprisonment.)							
3									
4	1	1//4							
5	;	////							
6	2. Hav	2. Have you received, within the past twelve (12) months, any money from any of the following							
7	sources:	sources:							
8	a.	Business, Profession or	Yes No						
9	1	self employment							
10	b.	Income from stocks, bonds,	Yes No						
11		or royalties?							
12	c.	Rent payments?	Yes No						
13	d.	Pensions, annuities, or	Yes No <u>\( \bullet \) </u>						
14		life insurance payments?							
15	e.	Federal or State welfare payments	Yes No <u>//</u>						
16	Social Security or other govern-								
17		ment source?							
18	If the answer	is "yes" to any of the above, describe	each source of money and state the amount						
19	received from	n each.							
20									
21									
22	3. Are you married? Yes No								
23	Spouse's Full	Spouse's Full Name:							
24	Spouse's Place	Spouse's Place of Employment:							
25	Spouse's Mor	Spouse's Monthly Salary, Wages or Income:							
26	Gross \$	Gross \$ Net \$							
27	4. a.	List amount you contribute to your	spouse's support : \$						
28	b. PRIS. APPLIC.	b. List the persons other than your spouse who are dependent upon you for support PRIS. APPLIC. TO PROC. IN FORMA							
	PAUPERIS, Case No 2 -								

1	and indicate how much you contribute toward their support. (NOTE: For minor						
2	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).						
3							
4							
5	5. Do you own or are you buying a home? Yes No						
6	Estimated Market Value: \$ Amount of Mortgage: \$						
7	6. Do you own an automobile? Yes No 🖊						
8	Make Year Model						
9	Is it financed? Yes No If so, Total due: \$						
10	Monthly Payment: \$						
11	7. Do you have a bank account? Yes No _/_ (Do not include account numbers.)						
12	Name(s) and address(es) of bank:						
13							
14	Present balance(s): \$						
15	Do you own any cash? Yes No _/ Amount: \$						
16	Do you have any other assets? (If "yes," provide a description of each asset and its estimated						
17	market value.) Yes No/_						
8							
9	8. What are your monthly expenses?						
:0	Rent: \$ Utilities:						
1	Food: \$ Clothing:						
2	Charge Accounts:						
3	Name of Account Monthly Payment Total Owed on This Acct.						
4	\$ \$						
5	\$ \$						
6	\$ \$						
7	9. Do you have any other debts? (List current obligations, indicating amounts and to whom						
	they are payable. Do <u>not</u> include account numbers.) PRIS. APPLIC. TO PROC. IN FORMA						
	PAUPERIS, Case No 3 -						

Does the complaint which you are seeking to file raise claims that have been presented in 10. Yes \_\_\_\_ No \_\_\_\_ other lawsuits? Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. Pario Tony Drakes V. Oakland police Departm I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court. I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims. SIGNATURE OF APPLICANT DATE PRIS. APPLIC. TO PROC. IN FORMA

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CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA CORRECTIONAL CENTER
INNATE TRUST ACCOUNTING SYSTEM
INDATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 15, 2008

ACCOUNT NUMBER : U91797

BED/CELL HIMBER:

ACCOUNT NAME : BRAKES, DARIG

ACCOUNT TYPE: T

PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

	-	•	•	,
U	к	n	ř	ì

	BE	DESCRIPTION	COMMENT	CHECK WITH	DEPOSITS	WITHDERWALS	BALANCE
	-				###		
11/01/20	07	BECIMMING BA	BLANCE				0.00
11/26*DD	130	CASH DIPOSI)	5 <b>950</b> 6		11.25		11.25
11/29 H2	17	FEBERAL FILIN	FILINGFEES			7.25	9.00
12/07 W5	12	LEGAL POSTAGE	2197 LGLMA			0.41	8.59
12/17 FC	<b>20</b> ¢	SRAN-FAC 4	CCL 38B DR			8.59	0.00

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/26/05 CASE HUBBER: 148313

COUNTY CODE: ALA FINE ANGUNT: \$ 800.00

DATE	TRANS.	DESCRIPTION	TRANS. ANT.	BALANCE
			*********	
11/01/2007	BECLEMI	NG RALANCE		72.00
11/26/07	DR30	REST DED CASH DEPOSIT	12 .50-	59.50

<sup>\*</sup> THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

## TRUST ACCOUNT SUMMARY

Beginning Balance	TOTAL DEPOSITS	TOTAL NITHORANALS	CURRENT MALANCI	HOLDS Balance	TRANSACTIONS TO BE POSIED
0.90	11.25	11.25	0 00	0 90	0 00
				*****	

CURRENI AUALLABLE BALANCE

0.00

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<sup>\*</sup> IS EQUAL TO TEN PERCENT OF THE RESTRECTION AMOUNT COLLEGED.

CCA - FCC GG 110 LOW
40. Box 6200 1100 Bowling Road
Florence, ag. 85232

Dario Lhakes V-91797

Z

To: Clerk

Inited States District Court for the Mothern U.S. Courthouse
450 Golden Gate Quenue, Bex 36060
San Francisco, Ca. 94102-3555

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